

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	GASTRIC ACID SECRETION INHIBITING COMPOSITION
Attorney Docket Number::	3029-1002
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: ANDERS  
Middle Name::  
Family Name:: PETTERSSON  
Name Suffix::  
City of Residence::  
State or Province of LILLA EDET  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing TYSSLANDA SÄTERI  
Address::  
City of Mailing Address::  
State or Province of Mailing Address:: LILLA EDET  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-463 94

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: CHRISTER  
Middle Name::  
Family Name:: NYSTRÖM  
Name Suffix::  
City of Residence::  
State or Province of UPPSALA  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing HOLMVÄGEN 22 B  
Address::  
City of Mailing Address::

State or Province of Mailing Address:: UPPSALA  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-756 61

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: YVONNE  
Middle Name::  
Family Name:: HÅKANSSON  
Name Suffix::  
City of Residence::  
State or Province of UPPSALA  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing HOLMVÄGEN 22 B  
Address::  
City of Mailing Address::  
State or Province of Mailing Address:: UPPSALA  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-756 61

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2003/001598	10/15/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0203065-8	10/16/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::